

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/552235

FILING DATE

09 SEP 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2	2		1		
4	2	2		1		
5	0	0		1		
6	0	0		1		
7	0	0		1		
8	1		1			
9	1		1			
10	2	2		1		
11	0	0		1		
12	0	0		1		
13	0	0		1		
14	0	0		1		
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TOTAL IND.	2		2			
TOTAL DEP.	15	←	12	←	←	
TOTAL CLAIMS	17		14			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						

BEST AVAILABLE COPY